



Easy Payment Plan Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started. Please fax this form to: 212-532-9322 or mail to The Herbal Bear at the above address.

- **Program Cost: \$3600.00**
- **Non-refundable deposit: \$600.00 (paid on-line at the herbalbear.com)**
- **Charges will be made to your credit card as follows:**
 - You authorize regularly scheduled charges to your Visa, MasterCard, American Express, or Discover card.
 - You will be charged each billing period for **\$600.00**.
 - A receipt for each payment will be emailed to you and the charge will appear on your credit card.

Please complete the information below:

- Student's Name: _____
- Cardholder's Name: _____
- I, _____ authorize **The Herbal Bear School of Botanical Medicine** to charge my credit card indicated below for **\$600.00** on the 15th day of each month for payment of **2010 Botanical Medicine Program costs. Charges will be made for the months of April, May, June, July, August, (2010).**
- Billing Address: _____
- City, State, Zip: _____
- Phone Number: _____
- Email: _____

Primary Credit Card: (check one)

- Visa MasterCard Amex Discover

- Cardholder Name : _____
- Account Number: _____
- Exp. Date: _____
- CVV (3 digit number on back of card) : _____

Authorization Expiration Date: _____

SIGNATURE: _____

DATE: _____

I authorize the above named business to charge the credit card(s) indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated

above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.